

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	2100/17
Application Number	10/051,316
Filing Date	January 18, 2002
First Named Inventor	Alfred Thomas
Group Art Unit	3713
Examiner	Robert E. Mosser

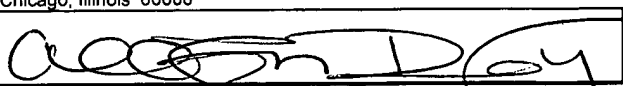
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Preliminary Amendment (filed with RCE) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Check No. 10140 for \$200 (Excess Claim fee for 4 new claims) <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal (+duplic.) <input checked="" type="checkbox"/> Check No. 10137 for \$790 (RCE Fee) <input checked="" type="checkbox"/> Check No. 10136 for \$900 (3 mo. ext fee minus \$120 previously paid)
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	115	Minus	111 (20)	4	x \$25=	0		4 x \$50=	\$200.00
Indep.	10	Minus	11 (3)	0	x \$100=	0		x \$200=	
First Presentation of Multiple Dep. Claim					+ \$180=	---		+ \$360=	
					total add'l fee	\$ 0		total add'l fee	\$200.00

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Allison M. Dudley Reg. No. 50,545 Attorneys for Applicants BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	April 26, 2006

CERTIFICATE OF MAILING

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, under Express Label No. EV498081599US, on:		April 26, 2006
Signature	 Michael H. Baniak/Allison M. Dudley	Date: April 26, 2006